

Book Reviews

The Western Journal of Medicine *does not review all books sent by publishers, although information about new books received is printed elsewhere in the journal as space permits. Prices quoted are those given by the publishers.*

ENDOCARDITIS—Volume 2 of CONTEMPORARY ISSUES IN INFECTIOUS DISEASES—Edited by Merle A. Sande, MD, Professor and Vice Chair, Department of Medicine, University of California, San Francisco, School of Medicine, and Chief, Medical Service, San Francisco General Hospital Medical Center; Donald Kaye, MD, Professor and Chairman, Department of Medicine, Medical College of Pennsylvania, Philadelphia, and Richard K. Root, MD, Professor and Vice Chairman, Department of Medicine, University of Washington, and Chief, Medical Service, Veterans Administration Medical Center, Seattle. Churchill Livingstone Inc, 1560 Broadway, New York, NY 10036, 1984. 234 pages, \$37.50.

This monograph is Volume 2 in the series "Contemporary Issues in Infectious Diseases," edited by two well-known infectious disease investigators, Drs Merle Sande and Richard Root. The volume they have put together on the subject of endocarditis represents a generally superb compilation of reviews dealing with the pathogenesis and pathophysiology, immunologic manifestations of endocarditis, the role of echocardiography in the diagnosis of infective endocarditis, a variety of treatment issues, and concluding reviews on the indications for surgery and current views on endocarditis prophylaxis. Many of the contributing authors have already contributed extensively to the investigative literature of the past ten years on bacterial endocarditis and represent a highly qualified group to prepare this volume.

Particularly valuable in this monograph are the carefully prepared chapters on the pathogenesis and pathophysiology of infective endocarditis, and the chapter dealing with the immunologic aberrations that constitute so much of the clinical syndrome of infective endocarditis. Although most of the contributions have been prepared by infectious disease clinicians and investigators, Dr Randolph Martin, a cardiologist, contributed an excellent chapter on the role of echocardiography in the diagnosis of infective endocarditis. Also very valuable are the contributions dealing with management issues that have either been controversial, or that have clearly evolved significantly in the past decade. These include the treatment of prosthetic valve endocarditis, endocarditis associated with intravenous drug abuse, the role of surgery in the treatment of infective endocarditis and prophylaxis. Although there is a degree of unevenness in treatment, so common in multiauthor volumes, the editors are to be commended for keeping this to a minimum. The price of \$37.50 seems fair for this volume, at least by contemporary standards. Technical aspects of the publication are of high quality, and typographical errors are few, indeed.

Although not a volume to be recommended to all primary care physicians, I would recommend it highly for infectious disease specialists and cardiologists. In addition, it should certainly be available in hospital and university medical libraries.

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TEXTBOOK OF TWO-DIMENSIONAL ECHOCARDIOGRAPHY—Edited by James V. Talano, MD, Chief, Cardiac Graphics Laboratory, Northwestern Memorial Hospital, and Associate Professor of Medicine, Northwestern University Medical School, Chicago, and Julius M. Gardin, MD, Acting Chief, Cardiovascular Section, VA Medical Center, Long Beach, Calif; Director, Cardiology Noninvasive Laboratory, and Assistant Professor of Medicine, University of California, Irvine. Grune & Stratton, Inc, 111 Fifth Ave, New York, NY 10003, 1983. 420 pages, \$45.00.

Echocardiography has evolved rapidly since the early 1970s to the point that currently M-mode and two-dimensional echograms and Doppler echocardiography are frequently all undertaken in a given patient. The authors present a considerable amount of clinical information on two-dimensional echocardiography in this multiauthored textbook. Various chapters deal with a given particular topic in depth and are liberally illustrated. The initial

chapters discuss the history and instrumentation followed by anatomy of the heart, a very informative chapter comparing sections of the heart specimen with two-dimensional echocardiographic images. There are several chapters on individual valve diseases including prosthetic valves and associated abnormalities. The authors also discuss assessment of ventricular volumes and function, ischemic heart disease, primary and secondary cardiomyopathies, pericardial disease, intracardiac vegetation and masses. It is heartening to note that the authors have also included a chapter on congenital heart disease now that "adult" cardiologists are encountering more patients with congenital heart disease, especially postoperative.

The last four chapters of the book contain some of the recent advances in echocardiography. Included is a chapter on two-dimensional contrast echocardiography which makes a good overall presentation of the subject including indications and procedures for undertaking contrast echocardiography and contains numerous excellent illustrations. Doppler echocardiography is being increasingly used in clinical echocardiography. The chapter on this subject covers a lot of ground regarding principles, application, assessment of flow, assessment of valve disease and the detection of intracardiac shunts. The final three chapters discuss three-dimensional echocardiography, ultrasound tissue characterization of the myocardium and a very relevant chapter on the comparison of two-dimensional echocardiography with cardiac nuclear and other imaging techniques. The authors do not discuss the issue of when M-mode cardiography should be supplemented by two-dimensional cardiography or vice versa or whether these procedures are complementary and therefore should be undertaken in most patients. However, this book has several outstanding features, especially the abundance of large prominently labeled illustrations. The text is concise and affords easy readability. The organization of the book into various chapters discussing a specific entity in moderate detail is an additional advantage. For example, the chapter on mitral valve disease discusses the appearance of the normal mitral valve, and goes on to present the two-dimensional appearances of the abnormal mitral valve in various disease conditions, along with relevant and brief clinical remarks. For clinicians who undertake their own echocardiograms, there are several technical pointers. The problem of intracardiac masses is presented very well and includes a discussion of vegetations and endocarditis, intracardiac thrombi and tumors. Good discussions and excellent illustrations are used to present various concepts and modes of distinction. References following each chapter are comprehensive and up to date.

I believe practicing cardiologists and trainees in echocardiography will be pleased with the amount and type of material, the organization, the references, the illustrations and the format of the book. In spite of multiauthorship, the book retains an excellent continuity.

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LIPOPLASTY—The Theory and Practice of Blunt Suction Lipectomy—Edited by Gregory P. Hetter, MD, Assistant Professor of Medicine, University of Nevada School of Medicine, Reno, and Assistant Chief, Division of Plastic Surgery, Sunrise Hospital, Las Vegas; foreword by Mario Gonzalez Ulloa, MD, Director, Dalinde Medical Center, Mexico City. Little, Brown & Co, Medical Division, 34 Beacon Street, Boston, MA 02106, 1984. 340 pages, \$95.

In the recent past, the use of blunt suction lipectomy or suction-assisted lipectomy has received a great deal of attention in both the lay and the scientific media. It is a technique that has many valid applications in aesthetic and reconstructive plastic surgery.

Much simplified, the technique involves passing a blunt-ended metal tube of appropriate size and shape with a hole in the side of the tube near its end

into an area of excess fat, lipoma, gynecomastia or breast tissue through a small or existing wound at surgery. Then, the tube is passed back and forth through the excess tissue and the excess vacuumed out with approximately one atmosphere of negative pressure applied to the metal tube by means of stiff flexible tubing.

The technique is now in the armamentarium of most plastic and reconstructive surgeons, who have done special study to familiarize themselves with the procedure and its expected effects and the appropriate precautions. It is important, however, that physicians using it have backgrounds that provide a proper foundation for its application—which is not always the case.

Dr Hetter has gathered together an excellent assembly of authors with historic connection to the technique or explicit experience with it. The book is exceedingly well illustrated and is filled with cogent advice about how to protect one's patients from the risks of the procedure.

The philosophy, patient selection, anesthesia, techniques and follow-up care are all explicitly covered. In summary, this is an exhaustive, well-presented textbook on current applications of lipoplasty.

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MATTERS OF LIFE & DEATH: RISKS VS. BENEFITS OF MEDICAL CARE—Eugene D. Robin, MD, Professor of Medicine, Stanford University School of Medicine, Stanford, California. Stanford Alumni Association, Stanford, CA 94305, 1984. 198 pages, \$9.95 (paperback).

This is a provocative book, directed to laymen and warning them of hazards they might encounter as part of medical care. It also will be of interest to physicians as it is aimed at structural problems in the medical industry rather than at incompetent physicians. It may cause patients to question their doctors more closely and to challenge medical recommendations—especially some diagnostic tests. It will provoke some physicians to reexamine assumptions they have been making. It is a plea for more science in medicine. Parts of the book are excellent but, because of serious flaws, I would not recommend it to the public—the audience at which it is aimed.

The most serious flaw in the book is the author's disdain for preventive medicine. In several places, he states or implies that the general public should "avoid doctors and hospitals unless seriously ill." This advice might have been appropriate 50 years ago, but the great strides in preventive medicine in recent years make the advice obsolete and potentially harmful. Robin is especially critical of screening tests which "make patients out of well people." His main argument is that few such tests have been scientifically evaluated from the risk-benefit standpoint, and that false positive tests subject many people to needless worry, diagnostic risks and expense. He is not at all impressed by the great decline in mortality from cervical cancer since the Pap test was introduced, or the decline in mortality from heart disease since its major risk factors have been discovered. He even rejects screening for glaucoma and hypertension but recommends that people take their own blood pressure at booths in supermarkets!

One must agree with Robin when he charges overuse of diagnostic tests in offices and hospitals and deplors risky diagnostic procedures that are sometimes done in situations where their results cannot possibly provide any benefit to the patient, but he does not seem to understand the major reason for this overuse. He attributes it to making the physician feel more comfortable (from both a diagnostic and legal standpoint) rather than to benefit the patient. The most important reason for this overuse may instead be attributed to the idea he is emphasizing—to put more science into medicine. It is the desire on the part of most physicians to practice scientific medicine rather than to rely just on history, physical examination and their own judgment. Medical schools, in an effort to combat the widespread practice of just treating symptoms, have stressed the importance of obtaining objective data and reaching a firm diagnosis before starting treatment. It is this demand for objective data and the desire for definitive diagnoses that leads to most of the overuse. This drive for objective data and definitive diagnoses has been only partly successful: Robin points out that of all patients admitted to hospitals without a diagnosis, only about 65% will have a definitive diagnosis at discharge.

Overuse of tests is largely a "disease" which has resulted from treatment of another problem.

Robin's use of examples is often appropriate, but some bad examples cast doubt on his complaints. For instance, when he complains that risky diagnostic procedures were used in patients with cytomegalovirus disease, pericardial heart disease, Alzheimer's disease and herpes encephalitis without a possibility of benefit to the patient, he is using hindsight to condemn the procedures. The diagnoses had not been firmly established when the tests were done. The tests might have identified medically treatable diseases.

The best chapters are the ones on treatment of the terminally ill and the aged, on unnecessary surgery and on the doctor as God. He condemns doctors who keep terminally ill patients alive as long as possible or who refuse to fully treat some patients because of their own convictions. He argues that the wishes of the patient or family or both should be paramount in such situations. Although Robin correctly argues that the God-like relationship between patient and doctor is more likely to be harmful than beneficial, he fails to recognize that it is the great disparity in knowledge between the two that leads to this relationship.

Robin's main prescription for what ails medicine is more and better controlled clinical trials. He rejects some of the commonly believed medical tenets on the grounds that they have not been subjected to such studies. He glosses over the fact that such studies are usually so very expensive that they must be sponsored by a major drug company or the government, so few are done. He has no suggestions as to where the money will come from to conduct all the studies he demands.

There is an intellectual paradox in the book: it discourages patients from participating in medical experiments unless they are likely to benefit directly, yet at the same time it demands more and better clinical trials. Many clinical trials must have the patients randomly assigned to treatment and control groups. In double-blind trials, neither the doctor nor the patient can know whether or not there is a chance for benefit to the individual patient. Some clinical trials require healthy persons as controls. Self-selection by the patients into one group or another, or refusal by many to participate, may well introduce biases into a study which will destroy the usable scientific results demanded by Robin.

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MNEMONICS, RHETORIC AND POETICS FOR MEDICS—Volume II—Robert L. Bloomfield, MD, and Carolyn F. Pedley, MD, Department of Medicine, Bowman Gray School of Medicine, Wake Forest University, Winston-Salem, NC. Harbinger Press, PO Box 17201, Winston-Salem, NC 27116, 1984. 165 pages (softbound), no price given.

How does the overworked medical student, the stressed resident or the pushed practitioner spell RELIEF? Is it possible to cram into one brain the causes of impotence, the diseases of anterior pituitary hormone hypersecretion and the factors predisposing to thromboembolism?

Well, practitioners, here's the book you've been waiting for for these last two years: *MRPM* is back. Unlike *Rocky II*, *Jaws II*, *Friday the 13th-II*, this opus can and should be taken both seriously and in jest.

Bloomfield and Pedley are not a vaudeville team but two delightfully clever, capable physicians who tickle us with mnemonics and acrostics that both teach and entertain. In 162 carefully pruned pages, we find out the secrets for remembering clinical data from the cardiovascular system to pulmonary; from neurology to hematology. It culminates with readers' contributions and is further sprinkled with cartoons, fascinating facts (What's a theriac?) and fine, witty quotes.

I used volume I in teaching and it was an effective, well-accepted, antidote to the stomach cramps and muscle spasms that so often accompany sick, miserable puns and poor jokes.

MRPM-I was dandy and if you like crossword puzzles or Trivial Pursuit, *MRPM-II* will be how you spell RELIEF.

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